

## TABLE OF CONTENTS

### CHAPTER FIFTEEN

#### DENTAL SERVICES

Rule	Title	Page
560-X-15-.01	Dental Services - General	1
560-X-15-.02	Covered Dental Services	2
560-X-15-.03	Limitations	2
560-X-15-.04	Reserved	3
560-X-15-.05	Prior Authorization	3
560-X-15-.06	Participation Requirements	4
560-X-15-.07	Assuring High Quality Care	4
560-X-15-.08	Submitted Charges	5

## **Chapter 15 – Dental Program**

### **Rule No. 560-X-15-.01. Dental Program-- General.**

(1) The availability of certain dental health care services for eligible children under age 21 is required through the Alabama Medicaid Program as part of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

(2) Dental providers must be licensed to practice in the State in which the service is provided. Dentists are exempt from a contract requirement at the present time, but must enroll with the fiscal agent and be assigned a provider number for each office location. Each claim filed constitutes a contract with the Alabama Medicaid Agency, and represents that the services provided and fees charged are usual and customary by community standards and payment.

(3) Dental Services are defined as any diagnostic, preventive, or corrective procedures administered by or under the direct supervision of a dentist licensed to practice in the state the service is provided. Such services include treatment of the teeth and the associated structures of the oral cavity, and of disease, injury, or impairment which may affect the oral or general health of the individual. Such services shall maintain a high standard of quality and shall be within the reasonable limits of those services which are customarily available and provided to most persons in the community.

(4) Patient Identification

(a) The Alabama Medicaid Agency issues a plastic Medicaid Eligibility Card to persons when they are first eligible for benefits.

(b) The provider must verify eligibility through the fiscal agent office. The recipient or responsible adult is required to present this card with some form of identification when requesting services.

(c) It is most important that a provider's staff verify a Medicaid recipient's eligibility, since claims submitted on ineligible persons cannot be paid by Medicaid.

(d) Chapter One, General, Alabama Medicaid Agency Administrative Code, contains information about the identification of Medicaid recipients.

(5) Providers who agree to accept Medicaid payment must agree to do so for all covered services rendered during a particular visit. The dentist agrees when billing Medicaid for a covered service that the dentist will accept as payment in full the amount paid by Medicaid for that service and that no additional charge will be made. Providers may not bill Medicaid recipients they have accepted as patients for covered services. The dentist shall not charge or bill the recipient for cancelled or missed appointments. Conditional collections from patients made before Medicaid pays, which are to be refunded after Medicaid pays, are not permissible. The dentist may bill the patient for services rendered in the following circumstances:

(a) when benefits are exhausted for the set limit or

(b) when the service is a Medicaid non-covered benefit.

Refer to Chapter One, General, Alabama Medicaid Agency Administrative Code, for further information regarding Provider Rights and Responsibilities.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan, Attachment 3.1-A, page 1.2, 4.b (4); Title XIX, Social Security Act; 42 C.F.R. Section 441.57.

**History:** Rule effective October 1, 1982; April 12, 1984; June 8, 1985; December 1, 1986; March 12, 1987; April 1, 1991; June 12, 1991; January 13, 1993. **Amended:** Filed July 20, 2000; effective October 11, 2000. **Amended:** Filed March 22, 2004; effective June 16, 2004.

#### **Rule No. 560-X-15-.02. Covered Dental Services.**

A listing of the covered dental procedures and their limitations are included in the Alabama Medicaid Provider Manual, Chapter 13, which is provided by the fiscal agent.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq.

**History:** Rule effective October 1, 1982; April 1, 1991. **Amended:** Filed July 20, 2000; effective October 11, 2000. **Amended:** Filed March 22, 2004; effective June 16, 2004.

#### **Rule No. 560-X-15-.03. Limitations.**

(1) Dental care is limited to Medicaid eligible individuals who are under age 21 and are eligible for treatment under the EPSDT Program. Complete details on coverage limitations are contained in Chapter 13 of the Alabama Medicaid Provider Manual. Below are general guidelines.

(2) Dental care under this Program is available either as a result of the EPSDT Referral or as a result of request/need by the recipient. Conditions for each situation are as follows:

(a) **EPSDT Referral.** If the EPSDT Screening Provider determines a recipient requires dental care or if the recipient is 3 years of age or older and is not currently under the care of a dentist, the recipient must be referred to an enrolled dentist for diagnosis and/or treatment. After the recipient's dental care is initiated, the Consultant's portion of the general referral form must be completed by the dentist and the appropriate copy must be returned to the screening provider.

(b) **Recipient Seeking Treatment.** If a recipient who has not been screened through the EPSDT Program requests dental care, care may be provided without having an EPSDT Referral. In this situation, after the required care is completed, the dentist should advise the recipient to seek an EPSDT provider to obtain a complete medical assessment.

(3) A periodic oral examination is limited to once every six months for eligible Medicaid recipients under age 21.

(4) Dental sealants are covered by Medicaid, and are limited to one application per tooth in a recipient's lifetime. Refer to Chapter 13 of the Alabama Medicaid Provider Manual for specific limitations.

(5) Orthodontia is covered by Medicaid and is limited to medically necessary orthodontic services for eligible and qualified recipients. The services must be provided as a continuation of treatment initiated through multidisciplinary clinics administered by Alabama Children's Rehabilitation Service or other qualified clinics enrolled in the Medicaid Dental Program as a contract vendor. All medically necessary orthodontic treatment must be prior authorized by Medicaid.

(6) Radiological procedures are limited to those required to make a diagnosis. The radiographs should show all areas where treatment is anticipated. All x-ray films must be properly mounted suitable for interpretation and identification, with the patient's name, date, name of dentist, and marked "left" and "right". Specific limitations are outlined in Chapter 13 of the Alabama Medicaid Provider Manual.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan, Attachment 3.1-A, page 1.2, 4.b (4); Title XIX, Social Security Act; 42 C.F.R. Section 441.57.

**History:** Rule effective October 1, 1982; June 8, 1985; December 1, 1986; March 12, 1987; March 10, 1987; June 10, 1987; April 1, 1988; June 10, 1988; February 9, 1989; March 14, 1989; July 1, 1989; April 1, 1991; June 12, 1991; April 14, 1992. **Amended:** Filed July 20, 2000; effective October 11, 2000. **Amended:** Filed March 22, 2004; effective June 16, 2004.

#### **Rule No. 560-X-15-.04. Reserved**

#### **Rule No. 560-X-15-.05. Prior Authorization.**

(1) Certain services require prior authorization. Refer to Chapter 13 of the Alabama Medicaid Provider Manual.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq.

**History:** Rule effective October 1, 1982; May 9, 1984; January 8, 1985; August 9, 1985; April 1, 1991; June 12, 1991; January 13, 1993. **Amended:** Filed July 20, 2000; effective October 11, 2000. **Amended:** Filed March 22, 2004; effective June 16, 2004.

#### **Rule No. 560-X-15-.06. Participation Requirements.**

(1) Dental clinics administered by the Alabama Department of Public Health may participate in the program if they are approved by and enter into a vendor agreement (contract) with Medicaid. Providers who meet the Alabama Medicaid Agency enrollment requirements are eligible to participate in the Alabama Medicaid Program. An enrollment application may be requested from the Medicaid fiscal agent or downloaded from the Medicaid website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us). Completed enrollment applications should be returned to Provider Enrollment at the address indicated on the form. Providers must complete an enrollment or an additional location enrollment application for each practice location.

(2) The Alabama Medicaid Agency will make payment for services to licensed, enrolled dental providers. All providers must meet the requirements to practice dentistry as set forth by the Alabama Dental Practice Act, Ala. Code Section 34-9-6.

(3) In accordance with federal law, Medicaid providers shall ensure that no person will, on the grounds of race, color, creed, national origin, age or handicap, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program of services provided by the Agency. Compliance with Federal Civil Rights and Rehabilitation Acts is required of a provider participating in the Alabama Medicaid Program.

(4) Direct payments are made for allowable charges to providers for covered medical services and supplies furnished eligible Medicaid recipients.

(5) Refer to Chapter 20 concerning third party insurance carriers.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 400,100, 441.56.

**History:** Rule effective October 1, 1982; March 14, 1989; July 1, 1989; April 1, 1991; June 12, 1991; April 14, 1992. **Amended:** Filed July 20, 2000; effective October 11, 2000. **Amended:** Filed March 22, 2004; effective June 16, 2004.

#### **Rule No. 560-X-15-.07. Assuring High Quality Care.**

(1) Under the provisions of Federal and State law, Medicaid must establish a mechanism to insure that all such care is of good quality and that service(s) for which billing was made conforms to that which was done. See Chapter 2, Rule No. 560-X-2-.01. (2)(b) and (3) for criteria.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq.

**History:** Rule effective October 1, 1982. **Amended:** Filed March 22, 2004; effective June 16, 2004.

**Rule No. 560-X-15-.08. Submitted Charges.**

(1) Fees submitted shall not exceed usual, customary, and reasonable rates paid by the non-Medicaid population of the community. Participating dentists will be reimbursed by Medicaid for covered dental services. Providers should bill their usual and customary fees for dental services.

(2) The provider shall not charge Medicaid for services rendered on a no-charge basis to the general public.

(3) If the provider offers discounts or rebate to the general public, a like amount shall be adjusted to the credit of Medicaid on the Medicaid claim form, or such other method as Medicaid may prescribe.

(4) Orthodontic services provided as a continuation of treatment initiated through multidisciplinary clinics administered by Alabama Children's Rehabilitation Service (CRS) or other qualified multidisciplinary clinics are reimbursable if the clinics are approved by and enter into a vendor agreement (contract) with Medicaid. Fees paid for the services shall not exceed the reasonable rates established in the Medicaid statewide profile for medically necessary orthodontic services.

**Author:** Tina Edwards, Dental Program

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq.

**History:** Effective date of this emergency rule is April 1, 1991. Effective date of this amendment is June 12, 1991. **Amended:** Filed March 22, 2004; effective June 16, 2004.